Opartment of Labor
Of Soft Labor-Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 02315	2 Fiscal Year Covered From			
	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Robert J Lamb II	Nam Plumbers and Steamfitters UA Local 582			
	Labor Organization File Number 019 544			
PO Box Bidg Room No If any	P () Box Building and Room Number if any			
Street 3904 W 1st St	Street 3904 W 1st St			
City Santa	City Santa Ana			
State California ZIP Code + 4 92703-4098	State California ZIP Code + 4 92703-4098			
5 Position in labor organization Business Manager Fin Sec /T	reas			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name If any				
PO Box Bidg Room No if any	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
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15 Signature and verification The undersigned declares under perialty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (Ser the section on penalties in the instructions.)

Signed Roud DCala-

On 3-27-06

7/4 775 5563 Telephone Number

Name of Person Filing Robert Lamb II	File Number U 02315				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Southern California Pipe Trades Admin Corp Trade Name if any Sth floor PO Box Bldg Room No if any Street 501 Shatto Place City Los Angeles State California ZIP Code + 4	9 Busines deals with a Labor Organization b Trust c Employer				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name Southern California Pipe Trades Admin Corp Trade Name if any P O Box Bldg Room No if any	Labor Trustee on Joint Labor Managment employee benefit plans				
Street	11 b Approximate dollar value of such dealing				
Crty 1	12 a Nature of interest held or income received				
State ZIP Code + 4	Reimbursments of Expenses at educational confrences ans				
	12 b Amount \$1 255				
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name	Additional and the second and the se				
Trade Name If any					
PO Box Bldg Room No If any					
Street					
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State California ZIP Code + 4					
13 b is the Business an Employer or Consultant?	14 b Amount of payment				

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Name	Ui	reison	riung	Robert	Lamb	ΙI

File Number U	02315
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Part C Continuation Page

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C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B abov) or from any labor relations consultant to an employer any
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
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13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
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13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.
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Name of Person Filing Robert Lamb II

File Number U 02315

Part B Continuation Fage

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Southern California Pipe Trades Admin Corp	a Labor Organization	
Trade Name if any		
PO Box Bldg Room No if any 5th floor	X b Trust	
	c Employer	
Street 501 Shatto Place		
City Los Angeles		
State California ZIP Code + 4 90020		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Southern California Pipe Trades Admin Corp	Labor Trustee on Joint Labor Managr benefit plans	ment employee
Trade Name If any		
PO Box Bidg Room No If any		
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City L		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
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	12 b Amount	\$215

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Name of Person	Filing	Robert	Lamb	II
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Part B Continuation Page

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10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
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Name of Person Filing	Robert	Lamb	II
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File Number U 02315

Part B Continuation Page

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8 Name and address of Business (including trade name if any)	9 Busiriess deals with
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Name of Person Filing	Robert	Lamb	ΙI
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Part B Continuation Fage

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8 Name and address of Business (including trade name if any)	9 Business deals with	
Name National Inspection Testing and Cert Corp	a Labor Organization	
Trade Name If any NITC	Land I	
PO Box Bidg Room No Ifany suite 201	b Trust	
Street 501 Shatto Place	∑ c Employer	
City Los Angeles		
State California ZIP Code + 4 90020		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
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		negocial des sectors
		denimeration (PPP)
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	12 b Arrount	\$2 300

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Name of Person Filing	Robert	Lamb	11

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Part B Continuation Fage

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8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Apprentice & Journeyman Training Trust	a Labor Organization	
Trade Name if any A&J		
PO Box Bidg Room No If any	b Trust	
Street 18931 Laurel Park Rd	c Employer	
City Compton		
State California ZIP Code + 4 90220		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Labor Trustee on Joint Labor Manag benefit plans	ment employee
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